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TRIPURA GAZETTE

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Part -- II- Advertisements and Notices.

Annexure-I

FORMAT OF AN AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE FOR CHANGE OF NAME/SURNAME.

AFFIDAVIT

BY THIS AFFIDAVIT I the undersigned **KUMKUM LODH NATH** lately called KUMKUM LODH (Former name) employed as NURSING OFFICER (Designation at the post held at the time by the Govt. servant) at SABROOM SUB-DIVISIONAL HOSPITAL, SABROOM, SOUTH TRIPURA (place where employed in the Department / Office of the State Government) do hereby.

1. Wholly renounce, relinquish and abandon on the use of my Former name of **KUMKUM LODH** and in place thereof do assume from the date thereof the name of **KUMKUM LODH NATH** and so that I may hereafter be called, known and distinguished not by my former name of **KUMKUM LODH** but by my assumed name of **KUMKUM LODH NATH.**.

Kumkum Lodh Nath

2. For the purpose of evidencing such my determination, declare that I shall at all times hereafter in all records, deeds and writings and in all proceedings, dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **KUMKUM LODH NATH** as my name in place of and in substitution for my former name of **KUMKUM LODH.**

3. Expressly authorities and request all persons at all times hereafter to designate and address me by such assumed name of KUMKUM LODH NATH

4. In witness whereof I have here unto subscribed my former and adopted name of KUMKUM LODH NATH and KUMKUM LODH affixed my seal this 20th day of August 2026.

Signed and delivered by the above
Named **KUMKUM LODH NATH.**
Formerly **KUMKUM LODH** in the presence of

IDENTIFIED BY ME

GOURANGA DEBNATH
Advocate

Witness No. 1
Signature .....
Name .....
Designation .....
Official Address .....
(With Rubber Stamp)

DR. MITHUN BANIK
MBBS,DNB(Paediatric)
Grade III, Medical Officer
Reg. No. 08621

Witness No. 2
Signature .....
Name .....
Designation .....
Official Address .....
(With Rubber Stamp)

MBBS (AGMC)
Gr-V M.O
Tripura Health Services

RATAN NATH
Sabroom, South Tripura